|   | PATENT                     | APPI                                      | LICATIO<br>Effec         | RD .                      | Application or Docket Number                |                  |            |             |                        |          |                     |                        |
|---|----------------------------|---|--------------------------|---------------------------|---|------------------|------------|-------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                            |   |                          |                           |   |                  | SMA<br>TYP |             | NTITY                  | OR       |                     | R THAN<br>ENTITY       |
| TOTAL CLAIMS  |                            |   |                          | $\mathcal{A}$             | 2 mill                                      | elleging         | mol        | TE.         | FEE                    | 7        | RATE                | FEE                    |
| FOR   |                            |   |                          | NUMBER FILED NUMBER EXTRA |   |                  | BAS        | C FE        | E 385.00               | OR       | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |                            |   |                          | Hominus 20= * 020         |   |                  | XS         | 9=          |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS  |                            |   |                          | 6 minus 3 = * \$ 3        |   |                  | X4         | X43=        |                        | OR       | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM P  |                            |   |                          | RESENT                    |   |                  | +1         | +145=       |                        | OR       | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                            |   |                          |                           |   |                  | TO         | TAL         |                        | OR       | TOTAL               | 770                    |
| CLAIMS AS AMENDED - PART II   |                            |   |                          |                           |   |                  | CM         | <b>.</b>    | ENTITY                 | <b>.</b> | OTHER               |                        |
| AMENDMENT A   | 10.                        |   | lumn 1)<br>LAIMS         |                           | (Column 2)                                  | (Column 3)       | SM         | ĄLL         | ENTITY                 | OR<br>1  | SMALL               |                        |
|   | the                        | REMA<br>AFT<br>AMEND                      |                          |                           | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RA         | TE          | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                      | + 1                                       |                          | Minus                     | 2D  | =                | X\$        | 9=          |                        | OR       | X\$18=              |                        |
|   | Independent<br>FIRST PRESE | pendent *  <br>ST PRESENTATION OF M       |                          | Minus<br>JLTIPLE DE       | PENDENT CLAIM                               | ]= 4             | X4         | 3=          |                        | OR       | X86=                |                        |
|   |                            |   |                          |                           |   |                  |            | 5=          |                        | OR       | +290=               |                        |
|   |                            |   |                          |                           |   |                  |            | OTAL<br>FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| _   |                            |   | umn 1)                   |                           | (Column 2)                                  | (Column 3)       |            |             |                        |          |                     |                        |
| AMENDMENT B   |                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          |                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA*        | ΓE          | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                      | *   |                          | Minus                     | **  | =                | X\$        | 9=          |                        | OR       | X\$18=              |                        |
|   | Independent                | *   | ON OF MU                 | Minus                     | PENDENT CLAIM                               | <u> -</u>        | X43        | }=          |                        | OR       | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                            |   |                          |                           |   |                  |            | 5=          |                        | OR       | +290=               |                        |
| ·   |                            |   |                          |                           |   |                  |            | TAL<br>FEE  |                        | OR ,     | TOTAL<br>DDIT. FEE  |                        |
| 7   |                            |   | umn 1)<br>AIMS           |                           | (Column 2)                                  | (Column 3)       |            |             |                        |          |                     |                        |
| MEN   |                            | REM.                                      | AINING<br>FTER<br>IDMENT | •                         | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RAT        | Ε           | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                      | *   |                          | Minus                     | **  | =                | X\$ 9      | )=          |                        | OR       | X\$18=              |                        |
|   |                            |   | Minus                    | ***                       | =   | X43              | _          | i           | OR                     | X86=     |                     |                        |
| FIRST PHESENTATION OF MULTIPLE DEPENDENT CLAIM  |                            |   |                          |                           |   |                  |            |             |                        |          |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                            |   |                          |                           |   |                  |            |             |                        |          |                     |                        |
|   |                            | JUI 1 10V                                 |                          | · · · (10ta) O            | i independent) is the                       | mynest number to | una IN IN  | e abb       |                        | in coiu  |                     |                        |